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Bib Data Sheet

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**** CONTINUING DATA *******

This application is a CIP of 09/625,101 07/24/2000 ABN
 which is a CIP of 09/616,477 07/14/2000 PAT 7,054,272
 which is a CIP of 09/613,940 07/11/2000 PAT 7,039,046
 which is a CIP of 09/596,055 06/16/2000 PAT 6,760,339 *
 which is a CIP of 09/593,034 06/13/2000 ABN
 which is a CIP of 09/574,440 05/20/2000 PAT 6,654,903
 and is a CIP of 09/591,193 06/09/2000 PAT 6,332,198
 which is a CIP of 09/588,398 06/06/2000 ABN
 which is a CIP of 09/574,341 05/20/2000 PAT 7,062,642
 and is a CIP of 09/574,343 05/20/2000 PAT 6,639,910
 (*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 09/02/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NH	SHEETS DRAWING 76	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

22474

TITLE

PROVIDING NETWORK MANAGEMENT ACCESS THROUGH USER PROFILES

FILING FEE RECEIVED 417	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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